

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2524**

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **KANSAS CITY**

Length of stay in lb
44 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **OSTEOPATHIC HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
1011 SPRUCE

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
BERCH BUELL FRANS

4. DATE OF DEATH
Month Day Year
4 27 1963

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/9/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY
SELF (BUILDING)

11. BIRTHPLACE (City and state or country)
FRISTO, MISSOURI

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WILLIAM DANIEL FRANS

13b. MOTHER'S MAIDEN NAME

HARRIETT E. McFARLAND

14. NAME OF HUSBAND OR WIFE

GRACE L. FRANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

GRACE L. FRANS 1011 SPRUCE K.C., MO.

**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a)

Cardiac failure -

INTERVAL BETWEEN
ONSET AND DEATH
4-27-63

DUE TO (b)

Cardiac Decompensation

4-11-63

DUE TO (c)

Cor Pulmonale

1960 -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Emphysema, atelectasis, asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-11-63** to **4-27-63** and last saw him alive on **4-27-63**
Death occurred at **1200** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles S. Fazio D.O.

22b. ADDRESS

2431A Independence

22c. DATE SIGNED

4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
4/30/1963

23c. NAME OF CEMETERY OR CREMATORY

EAST SLOPE MEMORIAL GARDENS PARKVILLE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

C. H. BLACKMAN & SON KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

4-30-63

26. REGISTRAR'S SIGNATURE

Paul Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address W. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.